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ABSTRACT

The WHO Program (We Help Ourselves) was developed to help children take responsibility for their own safety and learn to handle potentially dangerous situations that may lead to abuse. This cooperaive effort by the Mental Health Association and the Houston Independent School District involves students in three age groups: grades K-3, 4-6, and 7-12. Issues addressed include physical abuse, assault, rape, sexual abuse, kidnapping, and domestic violence. Three principles underlie the WHO curriculum: (1) have a plan for personal safety, (2) have a plan for defensive action, and (3) ask for help. Volunteers present the curriculum and parents are asked to carry through knowledge and skill learning at home. Rules for parents are appended. (CL)

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We Help Ourselves (WHO)

An Antivictimization Program for Children in Houston

by Ralph E. Culler III

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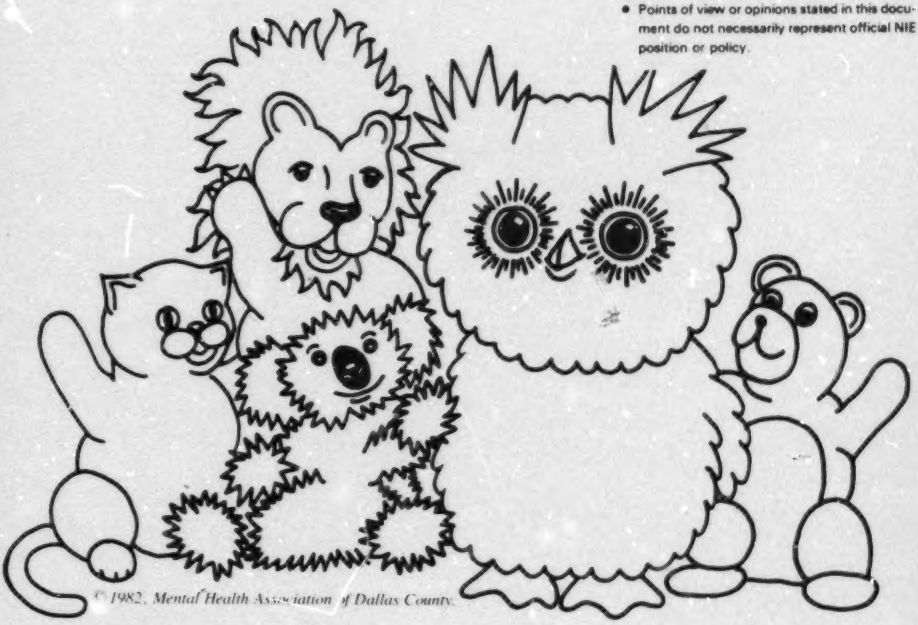

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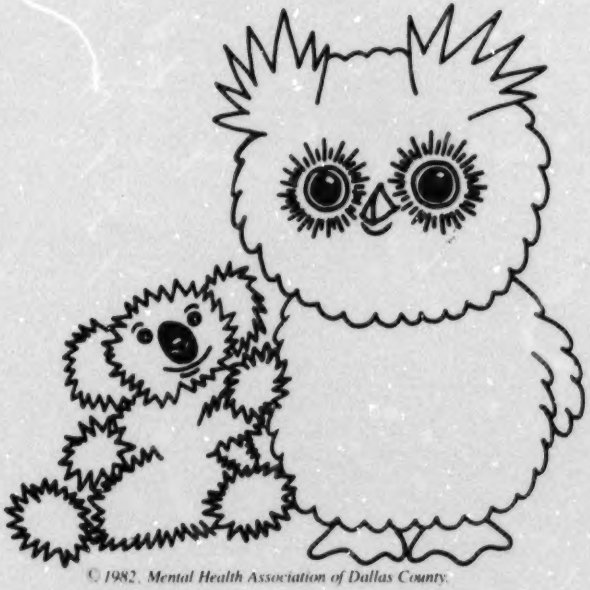

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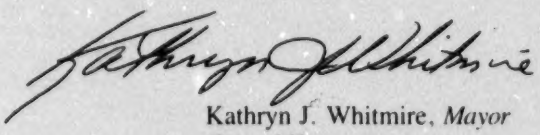
Foreword

Victimization of children takes several modes, most often in the form of physical abuse and neglect, sexual abuse, kidnapping, or emotional abuse. Repercussions of such victimization are devastating: abused children may never be able to love and trust other people, will more than likely always harbor poor self-images, and are more likely to perpetuate the cycle of abuse with their own children.

Traditionally, society has dealt with child victimization by punishing the offender and attempting to treat the child. We Help Ourselves — the WHO Program — is different in that it helps children learn how to avoid becoming victims in the first place. A strong message of self-esteem is conveyed by the slogan "We Help Ourselves," and this primary prevention program's aim is to foster self-confidence in children by teaching them how they can avoid and/or protect themselves in victimizing situations. If children can be taught to recognize these dangerous situations and avoid them, fewer children are likely to become victims and even smaller numbers will grow up to become perpetrators.

Houston is no different from any other community in America regarding child abuse. The victimization of children reaches all races, social classes, and economic levels, and the city of Houston has responded to this growing problem with an army of public institutions, private agencies, and concerned citizens battling for its elimination. Before the Mental Health Association brought the WHO Program to Houston in 1982, all our efforts were concentrated in helping those already hurting so existing abuse could stop. Treating such situations is difficult and draining, so when WHO began, a rebirth of hope was kindled that future generations would never know the terror and trauma of victimization.

We think it's working, too. Thousands of children in our public schools have indicated the value of this instruction.



Kathryn J. Whitmire, *Mayor*
City of Houston

Introduction

Each day many children are subject to physical and sexual abuse. The magnitude of the problem is appalling. The number of youngsters molested each year is in the hundreds of thousands. Many of these children are under age five. The total for physically abused youngsters is much higher, and the statistics for emotionally abused children, while unavailable, are probably even greater.

What kind of person would inflict physical and emotional damage on a child? In some cases the victimizer is a stranger, but most child molesters and abusers are well-known to their victims. It is estimated that two-thirds of these children are abused by family, relatives, and neighbors. Victimizers are not restricted to any one social or economic class—their numbers include the unemployed as well as doctors, lawyers, and teachers.

Facts and fiction are often confused when child victimization is discussed. One fact about child abuse is undisputed, however. Child abusers have generally been victims of child abuse themselves. Three out of four sex offenders were abused as children. The cycle of the abused child maturing into the abusing adult is often carried on for generation after generation.

Much of the physical abuse of children stems from distorted views of discipline. The line between a spanking and a beating is blurred for many parents. Another contributing factor is ignorance about basic child development which may lead to unrealistic expectations of children. Punishment occurs when a child fails to live up to these expectations.

Many agencies have taken aim at the child abuse problem by attempting to apprehend and prosecute abusers. Child molesters are sometimes caught but are rarely convicted. A "cure" for the molesters seems unlikely at this time, and the current trend is to push for long prison terms or control of their behavior with drug therapy.

Where serious physical child abuse is documented, the abusers may find themselves in the court system and, when necessary, the children are taken into protective custody. Too often, however, the agencies responsible for dealing with this problem do not have enough personnel to investigate any but the most serious offenses, and much of the abuse is allowed to continue.

In the area of prevention, most of the efforts have been of a secondary preventive nature. Many programs are aimed at stopping the abuse or molestation as soon as possible after it has started. There are several problems with this approach. First, identifying the abused children quickly enough is difficult. For a variety of reasons, the children themselves rarely come forward. Second, by the time the abuse has come to the attention of public agencies, the problem is often serious enough to require the removal of the children from the home, thus disrupting the family.

Primary prevention programs which seek to avoid the victimization of children altogether are very rare. One approach is to identify early those parents who may be potential abusers. For example, some teenage pregnancy programs identify adolescents "at risk" to become abusers of their children and provide counseling and training for these "child parents" to try to avoid later abuse. This approach, although effective when there is a group of parents which can be assessed, is difficult to apply to the general population.

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The WHO Program in Houston

One of the most successful primary prevention efforts aimed at stopping the victimization of children is the "WHO" program. WHO, which stands for "We Help Ourselves," was developed in 1981 by the Mental Health Association of Dallas County, Texas. This innovative program teaches children of all ages to take responsibility for their own safety and enables them to learn the skills to handle potentially dangerous situations. The program was very successful during its first year in the Dallas area, and a second implementation, sponsored by the Mental Health Association of Houston and Harris County and funded by the Ima Hogg Foundation, was begun in Houston in 1982.

The WHO program in Houston is delivered in cooperation with the Houston Independent School District. Children participating in the program receive approximately an hour's presentation, delivered at each school during the school day. The Houston implementation of WHO is unique in that the Houston school board has recommended that the presentations be made a standard part of the school curriculum. Without this commitment from the school system, it would have been difficult to reach significant numbers of children. During the program's first eight months, over 12,000 children, teachers, and parents were exposed to the WHO curriculum. By the end of its second full year, the total number of children reached was over 50,000.

Three different age groups were targeted during the initial year of the program—kindergarten through 3rd grade, 4th through 6th grade, and 7th through 12th grade. The curricula and method of presentation were, of course, modified appropriately for each group. Recently, the Mental Health Association added a preschool presentation to address the growing problem of the abuse of younger children.

The WHO curriculum aims at giving children the knowledge necessary to identify victimization and victimizing situations and teaches them what they should do to avoid becoming (or continuing to be) victims. Issues including physical abuse, assault, rape, sexual abuse, kidnapping, and domestic violence are dealt with in an objective and constructive manner. A particular strength of the

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program is that it also addresses peer pressure and emotional abuse, two areas where the term "victim" is not frequently applied.

There are three principles underlying the WHO curricula. They are: 1) Have a plan for personal safety; 2) Have a plan for defensive action; 3) Ask for help.

> Because he lives only four blocks from his school, Jimmy, a Houston fourth-grader, always walks home in the afternoon with his two friends, Steve and Tom. He never walks home from school alone—his mother picks him up if neither of his friends is able to accompany him for the short distance. Although Jimmy had frequently walked home with his friends in the past, he and his parents now consider this "buddy system" a part of Jimmy's personal plan for safety—a plan suggested when Jimmy's class received the WHO program.

The emphasis on a personal safety plan aims at teaching the children how to avoid situations where victimization is a possibility. Having a personal safety plan means knowing, practicing and understanding the "rules" about safety. Using the "buddy system" whenever it is possible is an example of a safety rule. Knowing (learning) and practicing are central to any educational approach, but emphasis is placed on understanding the rules so the children will be able to generalize them to the variety of situations they may encounter in real life.

> Ten-year old Susan, another student at Jimmy's school, often spends Saturday afternoon at her aunt and uncle's house. There Susan can play with her older cousin, Jack. One day Susan's mother dropped her off to visit Jack when her aunt was out shopping. While his mother was still gone, Jack tried to remove some of Susan's clothing. Recognizing what had been described in her WHO presentation as "inappropriate behavior," Susan, in a loud, firm voice, said "No!"—much to her cousin's surprise. Saying "no" in threatening situations is part of Susan's defensive plan.

Having a plan for defensive action means "knowing what to expect, how to react, what to say, what to do, where to go when

confronted with a potentially dangerous situation." A defensive action plan is a complement to the personal safety plan. When children, for whatever reason, find themselves in potentially dangerous situations, they must know how to get out safely or at least how to minimize the victimization. The youngsters are shown how to consider various tactics to use in such situations, and they learn why some strategies are likely to be ineffectual.

> John seemed to be an injury-prone child to his teachers and fellow students. Bruises were frequent, and sometimes John actually had broken bones resulting from "accidents" at home. The accidents most often occurred when John was left alone with his father. Once John had told his mother that "daddy had hurt him," but she didn't believe him. The WHO presentation John's class received at school convinced him that he should tell someone about the real source of his injuries. The folder he received during the presentation included the number of Child Protective Services, and John called it after school the day of the WHO class. Although he still lives with his parents, his father now attends a therapeutic group for child abusers, and John's situation is closely monitored by the protective agency.

Asking for help basically means knowing when and who to tell when victimization cannot be avoided. Parents, relatives, teachers, counselors, ministers, and others are identified as potential helpers. Reasons children have for not "telling" are discussed in detail in the program so that the youngsters understand why those reasons should not prevent them from getting help.

The WHO program has five goals: 1) To develop self awareness; 2) To enhance self-concept; 3) To develop assertiveness skills; 4) To promote social awareness; and 5) To encourage autonomous learning. The achievement of these goals is a necessary part of teaching the children to avoid victimization. Many of the skills learned as a part of the WHO curricula, such as being able to say "no" to an adult, are easier to learn if the child has a good self-concept and can be assertive.

The goals are achieved through the use of presentations ranging in length from 45 minutes for the younger group to 1½ hours for the high schoolers. Approximately 25 students attend each session.

The material delivered in the presentations is sequenced to maximize the cognitive development of the children during the short time available for the training. The content of the presentations takes advantage of the children's existing knowledge, prior experiences, and their internalized value system to make it more meaningful. The emphasis is placed on "discovery" learning rather than rote learning, enhancing the retention of the material and helping the children to generalize what they learn.

The curriculum taught to all three age groups deals with victimization but is modified in two ways. Some topics are presented to only one of the groups because they are relevant only to that age, and, of course, whatever material is included is presented at a level appropriate to the ability of the children to understand. For instance, peer pressure is a central topic for the 7-12 grade presentations, but is not included in the K-3 group. Also, while the K-3 presentations rely heavily on puppets, the 7-12 presentations center primarily around group discussions.

Part of the reason for the success of WHO is the use of volunteers as presenters. This cost-effective approach has enabled the Houston program to reach tens of thousands of children with a very modest budget. Following an initial screening process, volunteers receive twenty-four hours of training over a four-day period. They learn about values clarification, group discussion techniques, child development, how to talk comfortably about sex, and how to deal with reports of abuse during a presentation. Volunteers also hear from and interact with representatives from area protective services, police departments, the medical community, as well as therapists specializing in family violence and incest.

An important technique used during this initial instruction is role-playing. Volunteers get the opportunity to "face," in a constructive environment, some of the more difficult situations which can arise when they are actually delivering the WHO programs. After their "classroom" training, the volunteers observe a minimum of eight presentations by experienced volunteers. During their initial presentations to each of the age groups, they are supervised by the WHO program coordinator. Once trained, they are

expected to give three or more presentations each week. Including participation in ongoing training, each volunteer contributes at least 20 hours per month.

In addition to helping the children understand the dangers of victimization and how to avoid becoming a victim, the WHO program also involves the parents. Parents are informed about the WHO presentations their child will receive and are encouraged to help reinforce the knowledge and skills each child learns at school. A list of suggestions for parents reiterating some of presentation ideas as well as describing ways to enhance parental training is sent home as a part of each presentation. The list, entitled "Rules for Parents," is included at the end of this pamphlet and may help readers to protect their children.

The Who Curricula

To understand the WHO approach, it is helpful to look at part of the curricula in detail. "Sexual abuse," one topic presented to the 4-6 grade group, will be used as an example. The 4-6 presentation also covers "Being Home Alone," "Strangers," "Physical Abuse," and "Street Crimes."

The presentation on sexual abuse includes several subtopics, and they can be organized using the underlying principles for WHO: Have a plan for personal safety; have a plan for defensive action; ask for help.

Have a plan for personal safety. This includes understanding what the dangers of victimization are. The children are asked to accept that fact that sexual abuse does exist and although it is the motive behind many kidnappings, they need to know how to deal with abuse from someone they know and love. They are taught that it is rarely violent—a viewpoint which is consistent with avoiding scare tactics and facilitating the child's ability to respond

without panic. A personal safety plan also requires that victimizing situations be identified. Consistent with all of the presentations dealing with recognizing potentially victimizing situations, the children are taught to use "inappropriate behavior" as the signal that a situation may be dangerous. Physical appearance, sex, or "knowing a person" are not appropriate criteria for judgment because they are unreliable. Behavior provides a clear, unambiguous signal. If they are not already aware, the children learn what is appropriate and inappropriate behavior. The fact that most people are not abusers and are friendly and kind is also emphasized.

Have a plan for defensive action. Children are taught that the inappropriate behavior is a signal to DO SOMETHING. The primary defensive strategy is to say a polite but firm "no" to any such behavior. Although this is a simple strategy, there is quite a bit of anecdotal evidence for its effectiveness in deterring abuse. An integral part of each presentation is teaching the children when it is appropriate for them to say "no" to an adult. Because many children are taught at home to always obey an adult, WHO tries to involve the parents in reinforcing this and other assertive defenses.

Ask for help. Asking for help not only includes possibly "yelling your head off" at a time the child recognizes a threatening situation, but also means telling someone afterward. The youngsters are taught that this may be the best defense to prevent future situations with the same individual. Of course, many kids do not "tell," and the presentation includes a discussion of the reasons why some children are reluctant to tell someone what has happened. Some of the reasons which are frequently brought up during the discussion are "the child is asked not to;" "s/he is bribed or tricked;" "they are afraid of the abuser;" "they feel responsible;" "they don't know the right words;" or "they are afraid of not being believed." All of the "reasons" are discussed by the group, and rationales for telling in spite of the "reasons" are presented. For example, if the person they tell doesn't believe them, it is suggested that they tell other persons until they find someone who does believe them.

Summary

The WHO program represents an innovative approach to addressing the growing problem of child victimization. Through WHO, a cooperative effort by the Mental Health Association and the Houston Independent School District, a preventive program was delivered to thousands of children in the Houston area. As a result of their participation in the WHO presentations, these children have acquired knowledge and skills they may need in order to avoid being victims during their childhood. As Janet Pozmantier, the program coordinator of the Houston WHO program, states: ". . . any community obtaining this program will be acquiring one of the most effective and important means of helping their children lead safe and happy lives."

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Rules for Parents*

1. Provide adequate supervision. Do not leave preschool children unattended at home, in the car or in public places.
2. Encourage the "buddy" system. Children need to learn the rules and to count on peer support for assertive behavior.
3. Do not focus solely on "stranger danger" rules as self-protection. It only distorts and confuses the child. Physical characteristics, sex or whether a person is a "stranger" are not criteria for judging potentially threatening or non-threatening situations. (In fact, 80% of all victimization of children is perpetrated by someone the child knows.) Teach your children to recognize behavior "which doesn't make sense" (seems inappropriate) as a signal to do something.
4. Be careful when teaching rules to make sure your children can understand the language you use. For example, many small children would not even be able to define "stranger" or "someone they don't know." Do they know what a "touching problem" is? Ask them. Do they know what to call the parts of their body that are considered "private?" Ask them and be ready with your answer.
5. Provide a good example by following safety rules yourself.
6. Play "what if" games on a regular basis to reinforce rules in new situations. The more prior knowledge, the better prepared for possible confrontation.
7. Do not teach pre-school children and early primary children to keep secrets. If you do not want them to tell something, do not let them know it. Young school age children can learn the difference between a "secret" and a "surprise." A "surprise" would be not telling about a party, a birthday gift, a good report card. A "secret" would be something you would be trapped into not telling.
8. Start early and continue to talk as openly as you can about sex. Define the parts of the body in clear, conventional terms and let your child know s/he has a right to his/her own body and no one should take away that right. Decide on what language you are most comfortable with and practice. The more you talk about it the easier it gets.

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9. Teach your child that it is ok to say "no" to an adult when that adult exhibits inappropriate behavior. Your child will know the signals (because you have helped teach him/her).
10. Since one of the three messages of WHO is "tell someone" and since parents are often first choices for whom to tell, here are some things to remember when responding to the "telling."
    a) Always believe the child. If the truth turns out to be at all distorted, it is only because of the inability to use precise language, not because something did not happen.
    b) Do not blame the child. It is very easy in the heat of fear and anger to scold or even punish the child for breaking a rule, not minding, or making himself/herself vulnerable.
    c) Focus on comforting and reassuring a child/victim that it won't happen again. ("I'm so glad you came to tell me. We will make sure it will not happen again.")
    d) Do not hesitate to call the proper authorities: child welfare, police, hospital.
11. Allow your child (girl or boy) to cry and let him/her express the reasons. Try to help your child put words to his/her emotions.
12. Scrutinize your own philosophy as to corporal punishment. Do you believe in spanking? If so, examine when you use it. Are you always in control of yourself? Do you feel sorry or guilty afterwards? Do you ever feel like "making it up" to the child afterwards? Is the child ever spanked with anything other than the flat part of the hand on the bottom? Is there ever any visible mark left on the child? Does it do any good?
13. If you have the slightest inclination that you are under so much stress that you could possibly be abusing your child, accept that possibility and do something about it. Ask for help. Parents who abuse children are not hateful monsters. They do need to get help in providing a healthy environment for their family, in coping with stressful situations and in learning positive parenting skills.

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